

Instructor Request

For Continuing Education Evaluation

To receive an evaluation this form MUST be filled out COMPLETELY.

Instructor Name:

Address:

City:

State:

Zip:

Phone No:

Fax No:

Please provide a statement about this subject as it relates to the business, technical, safety and/or regulatory aspects of well drilling. **Attach a copy of the course curriculum** showing a detailed description of each component of the course. Include description of lecture, exam, or practical exercise.

Instructor qualifications. Education and certification background. Please include years of experience.

How was this class advertised? (newspaper, trade magazine, college listing, radio, etc.)

Who was the target audience? (well operators, college students, trade people, etc.)